

BACKFLOW DEVICE PERMIT

Property Owner: _____
Phone: _____
Resident(if different from Owner): _____
Address of Installation: _____
Location: _____ Horizontal/Vertical: _____
Make/Model: _____
Hazard: High _____ Medium _____ Low _____
Estimated Cost of Job: _____ Size: _____
General Contractor: _____
Certified Tester(if different from Contractor): _____
Type of Use:

- _____ Multi-Family Residence
_____ Business (type of business) _____
_____ Church or School
_____ Fraternity or Sorority
_____ Accessory Building
_____ Industry/Manufacturing (type) _____
_____ Restaurant
_____ Medical Facility (type) _____
_____ Other

ALL BACKFLOW DEVICE ASSEMBLIES SHALL BE APPROVED BY ASSE AND INSTALLED TO MANUFACTURER SPECIFICATIONS. ANNUAL TEST IS REQUIRED ON MEDIUM AND HIGH HAZARD INSTALLATIONS. THE FEE FOR THIS PERMIT IS \$30.00; PLEASE PAY WHEN APPROVED.

PLEASE REMEMBER A TOWN OFFICIAL MUST WITNESS THE INITIAL TEST, CALL 808-9638 TO SCHEDULE A TIME.

Owner or Agent

Phone Number

Date

Approved _____ Disapproved _____

Backflow Prevention Coordinator: _____ Date: _____